

PATENT

Attorney Docket No.: 1420.002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Todd Bergman, et al.

Serial No.: 09/845,712

Filed: May 1, 2001

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For:

WIRELESS PHONE-INTERFACE DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit: 2636

Examiner: Daniel Previl

JAN 1 2 2004
Technology Center 2000

TRANSMITTAL

1. Transmitted herewith is: Request for Reconsideration in response to Office Action dated July 1, 2003 (6pgs.); and Return receipt postcard.

STATUS

2. Applicant

claims small entity status.
is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No.: EV298645167US

Date: January 2, 2004

✓ I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

22313-1450.

Date: January 2, 2004

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FACSIMILE

___transmitted by facsimile to the Patent and Trademark Office

Patrick W. Rasche

Reg No.: 37,916

EXTENSION OF TERM

| 3. | The proceedings herein are fo apply. | proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 ly. | | | | | | | | | |
|---|--|---|-----------------------------|----------------------------------|--|--|--|--|--|--|--|
| | (complete (a) or (b), as applicable) | | | | | | | | | | |
| | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) | | | | | | | | | | |
| | Extension for within: | r response (| Other than small entity Fee | Small entity Fee (if applicable) | | | | | | | |
| | first mor | nth \$ | 110.00 | \$ 5.00 | | | | | | | |
| | second month third month fourth month | | 420.00 | \$ 210.00 | | | | | | | |
| | | | 950.00 | \$ 475.00 | | | | | | | |
| | | | ,480.00 | \$ 740.00 | | | | | | | |
| | fifth mo | nth \$2 | 2,010.00 | \$1,005.00 | | | | | | | |
| | | | Fee: | \$950.00 | | | | | | | |
| If an additional extension of time is required, please consider this a petition therefor. | | | | | | | | | | | |
| (Check and complete the next item, if applicable) | | | | | | | | | | | |
| An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. | | | | | | | | | | | |
| | Extension fee due with this request \$950.00 | | | | | | | | | | |
| | OR | | | | | | | | | | |
| | (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. | | | | | | | | | | |
| | | | | | | | | | | | |

FEE FOR CLAIMS

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | | |
|----------------|--|-----------|---------------------------------------|------------------------------------|---|------|----------------------------|--|--|--|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL. RATE FEE | OR | ADDITIONAL RATE FEE | | | |
| TOTAL | | MINUS | | = | x \$9 = \$ | | x \$18 = \$ | | | |
| INDEP. | | MINUS | | = | x \$43 = \$ | | x \$86 = \$ | | | |
| | FIRST PRESEN | TATION OF | MULTIPLE DEP. (| CLAIM | + \$145 = \$ | | + \$290 = \$ | | | |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ | | | |
| | (a) <u>/</u> | No add | itional fee for | r Claims is | required | | | | | |
| OR | | | | | | | | | | |
| | (b) Total additional fee for claims required \$ | | | | | | | | | |
| FEE PAYMENT | | | | | | | | | | |
| 5. | Attach | ed is a c | heck in the si | um of \$ | | | | | | |
| | Charge Deposit Account No. 01-2384 the sum of \$950.00. A duplicate of this transmittal is attached. | | | | | | | | | |
| FEE DEFICIENCY | | | | | | | | | | |
| 6. | 6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384. | | | | | | | | | |
| AND/OR | | | | | | | | | | |
| | If any additional fee for claims is required, charge Deposit Account No. 01-2384. | | | | | | | | | |
| 7. | Other: | | | | | | | | | |
| | | | | Patr Reg ARI One St. I | ick W. Rasche No.: 37,916 MSTRONG TEASI Metropolitan Squa Louis, MO 63102 /621-5070 | DALE | | | | |